

**PHYSICIAN BULLETIN**

**(Dist: Physicians, APNs, Clinics, Hospitals,  
Nurse Midwives, Podiatrists, Lead Inspectors/  
Risk Assessors, RHCs, FQHCs, Laboratories,  
Radiologists, MC+ Plans)**

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# **Missouri MEDICAID Bulletin**



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**MRI/MRA COVERAGE**

As stated in recent remittance advice and automated response unit messages, Missouri Medicaid has added coverage for medically necessary Magnetic Resonance Imaging (MRI) and Magnetic Resonance Angiography (MRA) scans effective with dates of service November 1, 1999, and after. For dates of service prior to November 1, 1999, procedures were covered only when authorized through the Exceptions Process. It is no longer necessary for the MRI/MRA procedures to be prior authorized. These procedures will be paid for types of service 4 - Professional and Technical Components, 9 - Other Medical Services, E -

Professional Component, and H - Technical Component. MRI/MRA scans should be billed on the HCFA-1500 claim form using the appropriate procedure code, type of service code, and place of service code. The list of covered MRI/MRA procedures includes:

70336	70553	72146	72157	73720	75552	76390
70540	71550	72147	72158	73721	75554	76400
70541	71555	72148	72196	73725	75555	
70551	72141	72149	73220	74181	76093	
70552	72142	72156	73221	74185	76094	

MRI/MRA scans provided in an inpatient hospital setting are included in the inpatient per diem rate. These services should be reported on the UB-92 claim form using one of the following revenue codes:

610	612	615	618
611	614	616	619

The technical component of MRI/MRA scans provided in an outpatient hospital setting must bill using the appropriate procedure codes listed above on the UB-92 claim form.

**The MRI/MRA procedures not included in this list are non-covered services. Non-covered MRI/MRA procedures will not be considered through the Exceptions Unit or through any other type of prior authorization process.**

Scans previously authorized through the Exception Process and performed prior to November 1, 1999, must be billed with procedure code Y9255 and submitted to the Exceptions Unit for processing. Services authorized through the Exception Process but *not* performed prior to November 1, 1999, *must* be billed as outlined above using the appropriate procedure code. Claims submitted to the Exceptions Unit with dates of service November 1, 1999, and after, will be denied.

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**PHYSICIAN FEE INCREASES**

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The Missouri Legislature has approved funding for Medicaid fee increases in the physician program, which includes nurse midwives, nurse practitioners, and podiatrists. As announced in recent remittance advice messages, the fee increases will be implemented with an effective date of July 1, 1999 for fee-for-service claims. Managed care plans will implement a corresponding fee increase during January, 2000. Fee-for-service claims with dates of service July 1, 1999, and after, that were adjudicated prior to the system updates, will be mass adjusted on a future remittance advice to reflect the fee increases. This process requires no action on the part of providers. Procedure codes designated for fee increases in this year's budget are listed below.

**Office/Outpatient Visits**

<b><u>Procedure Code</u></b>	<b><u>Type of Service</u></b>	<b><u>Rate Prior To 7-1-99</u></b>	<b><u>Rate 7-1-99 and After</u></b>
99202	1, 3, 6	\$15.00	\$30.00
99202	9	\$12.00	\$27.00
99202YG	1, 3, 9	\$31.00	\$38.00
99202W2	6	\$12.00	\$27.00
99203	1, 3, 6	\$20.00	\$32.50
99203	9	\$18.00	\$30.00
99203YG	1, 3, 9	\$40.00	\$42.50
99203W2	6	\$18.00	\$30.00
99204	1, 3, 6	\$27.00	\$38.50
99204	9	\$24.00	\$35.50
99204W2	6	\$24.00	\$35.50
99205	1, 3, 6	\$27.00	\$38.50
99205	9	\$24.00	\$35.50
99205W2	6	\$24.00	\$35.50
99211	1, 3, 6	\$ 5.00	\$ 7.50
99211	9	\$ 4.00	\$ 7.00
99214	1, 3, 6	\$20.00	\$25.50
99214	9	\$15.00	\$23.00
99215	1, 3, 6	\$25.00	\$31.50
99215	9	\$20.00	\$29.00

**Psychiatric Services**

<b>Procedure</b>	<b>Type of</b>	<b>Rate Prior</b>	<b>Rate 7-1-99</b>
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<u>Code</u>	<u>Service</u>	<u>To 7-1-99</u>	<u>and After</u>
90862	1	\$ 8.00	\$12.50
<b><u>SAFE-CARE Exams</u></b>			

<u>Procedure Code</u>	<u>Type of Service</u>	<u>Rate Prior To 7-1-99</u>	<u>Rate 7-1-99 and After</u>
W1350	1	\$175.00	\$187.50
W1350WO	1	\$ 60.00	\$ 72.50

**Newborn Care**

<u>Procedure Code</u>	<u>Type of Service</u>	<u>Rate Prior To 7-1-99</u>	<u>Rate 7-1-99 and After</u>
99433	1, 3	\$12.00	\$22.50

**Inpatient Care**

<u>Procedure Code</u>	<u>Type of Service</u>	<u>Rate Prior To 7-1-99</u>	<u>Rate 7-1-99 and After</u>
9923199*	1	\$25.00	\$37.50
9923299*	1	\$30.00	\$45.00
9923399*	1	\$35.00	\$52.50
99238	1	\$12.00	\$24.00

The increases appropriated for the procedure codes marked with an asterisk (\*) are limited to services provided to newborns/infants for specific diagnosis codes (038.0-038.9, 773.0-773.5, 765.00-765.07, 765.10-765.17, 769, and 775.6). The procedure codes are being added with the modifier of "99" for claims processing purposes. In order to receive the increased fee, services *must* be provided for children with the designated diagnosis codes and the procedure code *must* be billed with the modifier of "99". Services billed without the modifier or with other diagnosis codes will receive the "Rate Prior to 7/1/99" reimbursement rate.

**Surgical Procedures**

<u>Procedure Code</u>	<u>Type of Service</u>	<u>Rate Prior To 7-1-99</u>	<u>Rate 7-1-99 and After</u>
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13152	2	\$90.00	\$155.00
15732	2	\$410.00	\$475.00
15734	2	\$410.00	\$514.00
15756	2, 6	\$700.00	\$906.00

**Surgical Procedures (Continued)**

<b><u>Procedure Code</u></b>	<b><u>Type of Service</u></b>	<b><u>Rate Prior To 7-1-99</u></b>	<b><u>Rate 7-1-99 and After</u></b>
15940	2	\$60.00	\$175.00
17304	2	\$85.00	\$151.00
20005	2, 6	\$15.00	\$71.00
21365	2	\$300.00	\$369.00
21470	2	\$264.00	\$431.00
21555	2	\$20.00	\$79.00
21556	2	\$37.50	\$128.00
22315	2	\$125.00	\$194.00
22802	2	\$550.00	\$817.00
22804	2	\$550.00	\$886.00
22810	2	\$550.00	\$664.00
22850	2	\$75.00	\$259.00
22855	2	\$75.00	\$305.00
23412	2	\$250.00	\$369.00
23550	2	\$150.00	\$214.00
23615	2	\$200.00	\$275.00
24435	2	\$280.00	\$393.00
24515	2	\$160.00	\$292.00
24516	2	\$216.00	\$292.00
24530	2	\$25.00	\$85.00
24635	2	\$225.00	\$333.00
25405	2	\$280.00	\$369.00
25515	2	\$160.00	\$231.00
25545	2	\$165.00	\$226.00
25575	2	\$220.00	\$293.00
25611	2	\$75.00	\$189.00
25628	2	\$150.00	\$214.00

26055	2	\$15.00	\$84.00
26115	2	\$20.00	\$79.00
26116	2	\$37.50	\$126.00
26123	2	\$200.00	\$255.00
26727	2	\$33.00	\$103.00
26841	2	\$80.00	\$183.00
26910	2	\$100.00	\$176.00

**Surgical Procedures (Continued)**

<b><u>Procedure Code</u></b>	<b><u>Type of Service</u></b>	<b><u>Rate Prior To 7-1-99</u></b>	<b><u>Rate 7-1-99 and After</u></b>
26990	2	\$20.00	\$142.00
27151	2	\$250.00	\$552.00
27165	2	\$250.00	\$477.00
27216	2	\$200.00	\$257.00
27217	2	\$250.00	\$397.00
27218	2	\$250.00	\$474.00
27227	2	\$275.00	\$593.00
27228	2	\$330.00	\$644.00
27235	2	\$300.00	\$362.00
27236	2	\$300.00	\$451.00
27244	2	\$300.00	\$446.00
27245	2	\$360.00	\$502.00
27252	2	\$100.00	\$197.00
27327	2	\$20.00	\$92.00
27380	2	\$90.00	\$209.00
27447	2	\$385.00	\$646.00
27457	2	\$225.00	\$370.00
2745750	2	\$225.00	\$370.00
27506	2	\$300.00	\$461.00
27507	2	\$300.00	\$409.00
27511	2	\$300.00	\$400.00
27513	2	\$360.00	\$467.00
27514	2	\$240.00	\$456.00
27524	2	\$200.00	\$282.00
27530	2	\$25.00	\$98.00

27530W1	2	\$75.00	\$148.00
27535	2	\$250.00	\$321.00
27536	2	\$275.00	\$374.00
27603	2, 6	\$20.00	\$99.00
27687	2	\$100.00	\$159.00
27724	2	\$280.00	\$429.00
27758	2	\$200.00	\$343.00
27759	2	\$248.00	\$381.00
27766	2	\$150.00	\$224.00

**Surgical Procedures (Continued)**

<b><u>Procedure Code</u></b>	<b><u>Type of Service</u></b>	<b><u>Rate Prior To 7-1-99</u></b>	<b><u>Rate 7-1-99 and After</u></b>
27792	2	\$150.00	\$207.00
27814	2, 6	\$200.00	\$285.00
27823	2	\$240.00	\$341.00
27827	2	\$220.00	\$354.00
27828	2	\$264.00	\$398.00
27870	2, 6	\$275.00	\$378.00
27884	2	\$28.00	\$156.00
28140	2, 6	\$100.00	\$159.00
28192	2, 6	\$25.00	\$87.00
28193	2, 6	\$25.00	\$107.00
28415	2, 6	\$200.00	\$337.00
28810	2, 6	\$75.00	\$140.00
29822	2	\$150.00	\$224.00
29826	2	\$200.00	\$274.00
29874	2	\$150.00	\$210.00
29882	2	\$200.00	\$259.00
29884	2	\$150.00	\$218.00
29888	2	\$325.00	\$418.00
31365	2	\$550.00	\$685.00
33405	2	\$550.00	\$852.00
33430	2	\$550.00	\$926.00
33465	2	\$550.00	\$854.00
33510	2	\$550.00	\$745.00
33511	2	\$650.00	\$814.00

33512	2	\$750.00	\$882.00
33513	2	\$850.00	\$950.00
33534	2	\$650.00	\$856.00
33535	2	\$750.00	\$946.00
33542	2	\$550.00	\$836.00
33681	2	\$550.00	\$831.00
33750	2	\$550.00	\$615.00
33840	2	\$550.00	\$635.00
33917	2	\$550.00	\$748.00
35081	2	\$550.00	\$689.00

**Surgical Procedures (Continued)**

<b><u>Procedure Code</u></b>	<b><u>Type of Service</u></b>	<b><u>Rate Prior To 7-1-99</u></b>	<b><u>Rate 7-1-99 and After</u></b>
35566	2	\$550.00	\$664.00
35583	2	\$500.00	\$604.00
35585	2	\$500.00	\$720.00
35641	2	\$550.00	\$633.00
35646	2	\$550.00	\$699.00
38308	2	\$15.00	\$112.00
39501	2	\$275.00	\$334.00
41155	2	\$550.00	\$782.00
42820	2	\$110.00	\$192.50
42821	2	\$131.00	\$215.50
42825	2	\$110.00	\$180.00
42826	2	\$115.50	\$182.75
42830	2	\$78.00	\$164.00
42831	2	\$78.00	\$164.00
43117	2	\$550.00	\$772.00
43262	2	\$145.00	\$203.00
43264	2	\$135.00	\$232.00
43840	2	\$200.00	\$275.00
43842	2	\$300.00	\$405.00
44150	2	\$440.00	\$502.00
44320	2	\$200.00	\$282.00
44345	2	\$125.00	\$221.00
45110	2	\$300.00	\$560.00
46060	2	\$75.00	\$157.00



47360	2	\$300.00	\$390.00
47780	2	\$325.00	\$490.00
48150	2	\$400.00	\$909.00
49002	2	\$100.00	\$228.00
49010	2	\$100.00	\$263.00
49020	2	\$150.00	\$288.00
49085	2	\$25.00	\$167.00
49605	2	\$250.00	\$423.00
49900	2	\$100.00	\$214.00
50240	2	\$400.00	\$504.00
50393	2	\$25.00	\$94.00

**Surgical Procedures (Continued)**

<b><u>Procedure Code</u></b>	<b><u>Type of Service</u></b>	<b><u>Rate Prior To 7-1-99</u></b>	<b><u>Rate 7-1-99 and After</u></b>
52335	2	\$83.00	\$139.00
54324	2	\$275.00	\$360.00
54550	2	\$100.00	\$173.00
5455050	2	\$150.00	\$223.00
55845	2	\$550.00	\$711.00
56303	2	\$157.00	\$237.00
56356	2	\$100.00	\$157.00
57288	2	\$200.00	\$320.00
58210	2	\$525.00	\$650.00
58951	2	\$360.00	\$568.00
61510	2	\$550.00	\$775.00
61519	2	\$550.00	\$1,006.00
61700	2	\$550.00	\$1,126.00
61705	2	\$550.00	\$921.00
62010	2	\$385.00	\$544.00
62100	2	\$550.00	\$608.00
63706	2	\$450.00	\$560.00
64836	2	\$150.00	\$242.00
64856	2	\$200.00	\$301.00
65285	2	\$150.00	\$325.00

<del>66170</del>	<del>2</del>	\$250.00	\$314.00
<del>66180</del>	<del>2</del>	\$310.00	\$398.00
66825	2	\$125.00	\$201.00
66985	2	\$125.00	\$230.00
67038	2	\$500.00	\$586.00
<del>67935</del>	<del>2</del>	<del>\$32.50</del>	\$129.00
69436	2	\$103.50	\$176.75
6943650	2	\$153.50	\$226.75

**NOTE: Fees for types of service D (Postoperative Services, 20% of the surgery fee), N (Surgery without Postoperative Services, 80% of the surgery fee), and type of service 8 (assistant surgery, 20% of the surgery fee) will be adjusted to coincide with the increases for the applicable surgery codes listed above.**

### **HCY LEAD SCREENING**

~~Revision of the Healthy Children and youth~~ (HCY) lead screening form is currently in progress. The form will be available in the near future. Please watch future bulletins for more information on the revised form.

### **DIAGNOSIS CODING FOR LABORATORY/X-RAY SERVICES**

In the past, Missouri Medicaid has not required a diagnosis code be entered on the claim form when processing claims submitted by independent laboratories (provider type 70) and radiology (provider type 71) providers. In order to be consistent with standard billing guidelines, **all independent laboratory and radiology providers must provide a valid diagnosis code when filing a Medicaid claim.** As stated in recent remittance advice messages, effective with claims received November 1, 1999 (regardless of date of service), and after, a valid diagnosis code *must* be entered in Field 21 on the HCFA-1500 claim form. Claims processed without this information will be denied. Denied claims may be corrected and resubmitted for processing.

### **BETAMETHASONE INJECTIONS**

As announced in recent remittance advice messages, effective September 1, 1999, physicians, including podiatrists, have the option to bill for betamethasone injections using procedure code J0702 (Injection betamethasone acetate and betamethasone sodium phosphate, per 12 mg), on the HCFA-1500 claim form. Reimbursement will be \$19.84 per unit/dose of 12 mg.

~~Practitioners must bill using the appropriate type of~~ service (TOS); 1 - Medical Services, 6 - Podiatry Services, or 9 - Other Medical Services (i.e. outpatient services). If you choose to continue billing on the Pharmacy Claim form with the National Drug Code (NDC), reimbursement will be made at the AWP which is subject to change on a weekly basis. Note that you may bill either one of these methods for betamethasone injections, however, it is not appropriate to bill using both of these methods which may result in duplicate payment.

### **DIAGNOSIS CODE CHANGES**

The Department of Health and Human Services has announced in *Federal Register*, Vol. 64, No. 146, ~~that to avoid compromising the ability to process~~ and pay claims leading up to and immediately following January 1, 2000, they are not proposing to implement any revisions to the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) coding system. Missouri Medicaid typically follows these guidelines; therefore, we will *not* be making any changes in diagnosis coding.

### **HYPERBARIC OXYGEN THERAPY (HBO)**

*It is no longer necessary to go through the Exception Process in order to receive reimbursement for the professional component of Hyperbaric Oxygen Therapy (HBO).* Coverage has been added, to include all dates of service January 1, 1999 and after, for procedure code 99183 (Physician attendance and supervision of HBO, per session), for the professional component, type of service 1. Evaluation and Management services and/or procedures (eg. wound debridement) provided in conjunction with HBO should be reported separately. The facility may bill for the facility charges using procedure code X4003 (Outpatient clinical, non-surgical).

### **SAFE-CARE CLAIM PROCESSING**

It is extremely important for practitioners providing SAFE-CARE examinations to identify children who are eligible for Medicaid benefits. In order to maximize funding, claims for these children should be submitted to Missouri Medicaid for processing. Do not send claims for these children to the Division of Family Services (DFS) or to the local county DFS offices for reimbursement.

Eligibility may be verified by contacting the county DFS office in which the child resides or by calling the Division of Medical Services Audio Response Unit at 800/392-0938. To use the Audio Response Unit you will need either the child's DCN, the child's Social Security Number and date of birth, or the mother's DCN and the child's date of birth.

### **CHANGES IN ASSISTANT SURGEON COVERAGE**

Coverage has been updated for a number of surgical procedure codes for type of service 8, assistant surgeon. In most cases the reimbursement rate will be 20% of the current fee set for the surgeon, type of service 2. Some surgical procedures are currently manually priced, therefore, the assistant surgeon claims will also be manually priced. The procedure codes affected are listed below. The updates will be effective for dates of service December 1, 1999, and after.

12018	15952	1931650	21600	23000
12047	15958	19318	21610	23020
12057	19180	1931850	21616	23035
15831	1918050	20251	21620	23107
15832	19182	20802	21750	23156
15935	1918250	20808	21810	23172
15937	19272	20816	21825	23174
15946	19316	21502	22899	23182

**Assistant Surgeon (Continued)**

23184	24342	25145	25526	26390
23190	24352	25151	25545	26392
23221	24354	25215	25574	26420
23395	24362	25250	25620	26434
23397	24470	25251	25628	26474
23405	24515	25263	25645	26479
23406	24516	25265	25670	26483
23430	24546	25300	25676	26485
23530	24566	25301	25685	26497
23550	24575	25335	25695	26498
23660	24579	25355	25905	26499
23929	24665	25370	25907	26502
24115	24666	25392	25922	26504
24116	24802	25393	25924	26517
24125	24930	25444	26260	26518
24126	24940	25449	26261	26530
24134	25085	25490	26352	26531
24138	25107	25491	26357	26550
24140	25126	25492	26358	26555
24330	25135	25515	26372	26560
24331	25136	25525	26373	26562

26580	27380	28104
26585	27381	28106
26587	27385	28107
26590	27386	28114
26596	27390	28118
26686	27392	28122
26820	27393	28171
26842	27394	28202
26843	27395	28210
26844	27396	28250
26852	27397	28260
26862	27427	28264
26863	27479	28292
27001	27498	28293
27003	27499	28294
27005	27535	
27048	27558	
27065	27599	
27066	27602	
27067	27626	
27070	27656	
27071	27658	
27080	27659	
27087	27665	
27097	27675	
27158	27685	
27178	27687	
27202	27690	
27215	27691	
27216	27692	
27217	27727	
27259	27826	
27299	27827	
27303	27828	
27305	27829	
27306	27894	
27315	28086	
27320	28100	
27355	28102	
27360	28103	

Assistant Surgeon (Continued)

28296	32035	35491	45112	54115
28298	32036	35492	45114	54120
28299	32650	36261	45116	54125
28360	32651	36460	45120	54205
28420	32652	36830	45130	54300
28615	32653	37207	45135	54304
28760	32654	37208	45160	54318
28800	32655	37606	45560	54322
29820	32656	37788	46715	54324
29821	32657	38308	46760	54326
29822	32658	38380	47010	54340
29823	32659	38530	47100	54360
29825	32660	38555	47300	54380
29826	32661	39000	47350	54385
29834	32662	39220	47399	54550
29835	32663	39499	47550	5455050
29836	32664	39599	49002	55150
29837	32665	40701	49010	55520
29847	32810	40702	49020	55720
29851	33020	40799	49040	55725
29855	33243	42810	49900	55862
29856	33800	42815	49905	55865
29884	33973	42844	49999	56300
29885	33999	42845	50021	56303
29887	34510	42890	50605	56304
29888	35450	42961	50727	56305
29889	35452	42962	50728	56306
29894	35454	42971	50782	56307
29895	35456	42972	50783	56308
29897	35458	43020	51820	56309
29898	35459	43030	51845	56311
30118	35480	43045	51860	56312
30125	35481	43100	53230	56313
30460	35482	43410	53235	56315
30462	35483	43499	53400	56316
30540	35484	44300	53415	56317
30545	35485	44899	53443	56320
31601	35490	44900	54110	56322

56323  
56324  
56341  
56342  
56353  
56631  
56633  
56700  
56800  
56805

**Assistant Surgeon (Continued)**

56810	59870	64836	65285	67399
57130	60210	64837	65710	67430
57200	60212	64840	65730	67599
57210	60271	64885	65750	67971
57220	60512	64886	65755	67973
57230	61501	64890	65770	67974
57291	61531	64891	65900	68720
57530	61850	64892	66165	68745
57720	61880	64893	66180	68750
58345	63685	64895	66185	69320
58400	64580	64896	67010	69530
58410	64585	64897	67030	69550
58520	64590	64898	67036	69670
58615	64704	64901	67112	69725
58820	64716	64902	67255	69802
59140	64755	64907	67332	69805
59150	64761	65260	67340	69820
59151	64771	65265	67343	69840
59866	64835			